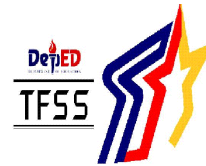




Republic of the Philippines
Department of Education

(Region)

(Division)



MEDICAL CERTIFICATE

(Date)

To Whom It May Concern:

This is to certify that I have personally examined _____
Name
age _____ sex _____ born on _____ and have found that he/she is fit
to join and compete in the Palarong Pambansa Program.

I further certify that he/she is within the age requirement.

Event: _____

Physical Examination

Height _____ Weight: _____ Blood Pressure _____

Pulse, Resting _____ Respiratory Rate _____

Other Remarks: _____

Physician/Medical Officer

(Signature over printed name)

License No. _____

PTR.: _____

Date: _____